



**CATHEDRAL CITY BUILDING DIVISION
APPLICATION FOR COMMERCIAL PERMIT**

FILL OUT COMPLETELY – BLANK SPACES WILL DELAY PLAN CHECK

| | | | | | |
|--|--|---------------------|----------------------------|--|------|
| Date: | | Plan Check No: | | Plan Check Deposit: \$ | |
| PROPERTY IDENTIFICATION | | | | | |
| Location (Number/Street): | | | | | |
| Lot: | | Tract: | | Zone Code: | |
| Lot Size: | | APN: | | Total Sq. Ft.: | |
| PROPERTY OWNER INFORMATION | | | | | |
| Name: | | | | Phone No.: | |
| Address: | | | | | |
| City: | | | State: | | Zip: |
| APPLICANT INFORMATION | | | | | |
| Name: | | | | Phone No.: | |
| Address: | | | | | |
| City: | | | State: | | Zip: |
| CONTRACTOR INFORMATION | | | | | |
| Name: | | | | Phone No. | |
| Address: | | | | | |
| City: | | | State: | | Zip: |
| Contractor's State License No.: | | | City Business License No.: | | |
| PROJECT DESCRIPTION | | | | | |
| Class of Work : New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Demo <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Use of Building: | | | Construction Valuation: \$ | | |
| Total Sq. Ft. Bldg: | | Ln. Ftg. Bldg Wall: | | Fire Sprinkler: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Description of Work: | | | | | |
| | | | | | |
| | | | | | |
| REQUIRED SET OF PLANS | | | | | |
| Plot Plans: | | 3 Sets | | Floor Plan: 3 Sets | |
| Framing Plans: | | 2 Sets | | Elevations: 2 Sets | |
| Plumbing/Electrical Mechanical Detail: | | 2 Sets | | Structural/Energy & Truss Calcs: 2 Sets | |
| Grading Plans: | | 2 Sets | | Landscape Plan: 2 Sets | |
| WARNING TO OWNER BUILDERS | | | | | |
| IF YOU USE UNLICENSED CONTRACTORS YOU WILL: | | | | | |
| 1. ASSUME all liability for injuries to persons working on the job; | | | | | |
| 2. HAVE NO RECOURSE through the California Department of Consumer Affairs (State Contractor's License Board) | | | | | |
| Applicant's Signature: | | | | Date: | |